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CONFIRMATION NO. 3129

<b>SERIAL NUMBER</b> 10/693,492	<b>FILING OR 371(c) DATE</b> 10/27/2003 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 030115	
<b>APPLICANTS</b> Kikuji Horiuchi, Numazu-Shi, JAPAN; <b>** CONTINUING DATA *****</b> <i>none ced</i> <b>** FOREIGN APPLICATIONS *****</b> JAPAN 2002-316912 10/31/2002 <i>OK cos</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/30/2004</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Condi Boku</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 21254					
<b>TITLE</b> Artificial root of a tooth					
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		